

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS235AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2008
NAME OF PROVIDER OR SUPPLIER GARDEN OF EDEN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4509 LILLIPUT LANE LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual survey conducted at your facility on October 16, 2008. The facility is licensed as a residential facility for groups to provide care for 6 persons with Alzheimer's disease or related dementia, Category 2 Residents. The census was 4. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents was received annually by 2 of 2 employees (Employee #1 and Employee #2).	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 Findings include: Employee #1 was hired in in the month of June in 2005. Employee #1's file did not contain documented evidence of the annual eight hours of training. Employee #2 was hired 6-5-2005. Employee #2's file did not contain documented evidence of the annual eight hours of training. Severity: 2 Scope: 3 This is a repeat deficiency from the 6/24/07 survey.	Y 070		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	Y 103		

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Y 103	<p>Continued From page 2</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the</p>	Y 103		

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Y 103	<p>Continued From page 3</p> <p>guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on record review, the facility failed to ensure that 1 of 2 employees had the required tuberculosis (TB) testing documentation. (Employee #2)</p> <p>Findings include:</p> <p>Employee #2 was hired on 6-5-05. The employee did not contain any documentation of</p>	Y 103			

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Y 103	Continued From page 4 tuberculin skin testing. Severity: 2 Scope: 3 This is a repeat deficiency from the survey on 6-24-07	Y 103		
Y 108 SS=C	449.200(3) Per File - Storage & Availability NAC 449. 200 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure employee files were maintained in a locked cabinet.	Y 108		

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Y 108	Continued From page 5 Findings include: The employee files were not locked in the filing cabinet located in the living room. Severity: 1 Scope: 3	Y 108			
Y 173 SS=D	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 of 2 kitchen garbage cans was equipped with a lid. Findings include: On 10/16/08 in the morning, 1 of 2 garbage containers in the kitchen storing fruit peelings and food waste was not covered. Severity: 2 Scope: 1	Y 173			
Y 175 SS=D	449.209(4)(b) Health and Sanitation-Hazards	Y 175			

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Y 175	Continued From page 6 NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the premises were free from hazards. Findings include: On 10/16/08, there was a chair blocking the exit door leading from Hallway #1 to the west side of the yard. On 10/16/08, there was a slippery rug on the floor in Bathroom #1, posing a potential tripping hazard to residents. Severity: 2 Scope: 1	Y 175			
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that the interior of the facility was clean and well maintained.	Y 178			

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Y 178	Continued From page 7 Findings include: 1. On 10/16/08, there was a distinct urine odor throughout the facility. 2. Bathroom #1 had a urine odor. The laminate flooring in Bathroom #1 was covered with yellow stains. 3. Bathroom #2 had a musty, urine odor. Severity: 2 Scope: 3	Y 178		
Y 207 SS=F	449.211(4)(b) Automatic Sprinklers-Annual Inspections NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on interview and document review, the facility failed to provide adequate documentation of inspection of the automatic sprinkler system. Findings include: The Automatic Sprinkler System Inspection Report dated 9/17/08 from a local company indicated, "No alarm on waterflow, flowed through ITV for 4 minutes with no alarm. May have bad	Y 207		

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Y 207	Continued From page 8 flow switch". There was no documented evidence that the automatic sprinkler system was repaired and re-inspected following 9/17/08. On 10/16/08, the owner/operator (Employee #2) indicated she did not have a report of repair and re-inspection of the automatic sprinkler system. Severity: 2 Scope: 3	Y 207		
Y 301 SS=F	449.218(2) Bedrooms - Window Requirement NAC 449.218 2. Each bedroom in a residential facility must have one or more windows that can be opened from the inside without the use of tools or a door to the outside which is at least 36 inches wide and can be opened from the inside. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that the windows in 4 of 5 bedrooms were able to be opened. Findings include: On 10/16/08, the windows in Bedroom #1, #2, #3, and #5 were not able to be opened from the inside. Bedroom #3 also had a door to the outside, which was not able to be opened from the inside. Severity: 2 Scope: 3	Y 301		
Y 354 SS=D	449.222(4) Bathrooms and Toilet Facilities NAC 449.222 4. All bathrooms and toilet facilities must be	Y 354		

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Y 354	Continued From page 9 located convenient to sleeping, recreational and living areas. A bathroom must have a window that can be opened or a vent to outside the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 of 2 bathrooms was equipped with an openable window or a vent. Findings include: On 10/16/08, the window in Bathroom #2 was not able to be opened from the inside. There was no vent in the bathroom. There was a strong, distinct urine odor present in Bathroom #2. Severity: 2 Scope: 1	Y 354			
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure smoke detectors were maintained in operating condition. Findings include: On 10/16/08 at approximately 12:30 pm, the smoke detector located in Bedroom #5 (Caregiver's bedroom) did not initiate an audible	Y 444			

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Y 444	Continued From page 10 alarm upon testing. The monthly smoke detector testing record indicated that the smoke detector in Bedroom #5 had not been tested within the previous 6 months. On 10/16/08, Employee #2 and #3 indicated they had not been testing the smoke detector initiation in Bedroom #5. Severity: 2 Scope: 3	Y 444		
Y 445 SS=F	449.229(10) Exit doors NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 exit door was not equipped with a lock which requires a key to open it from the inside. Findings include: On 10/16/08, the front door was equipped with a lock which required a key to unlock it from the inside. Severity: 2 Scope: 3	Y 445		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	Continued From page 11 NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on observation and record review the facility failed to ensure the medication was administered as prescribed for 1 of 4 residents. (Resident #3) Findings Include: Resident #3 was admitted on 1-7-07. There was a change order dated 5/6/08 for Amlodipine (Norvasc) 5 milligram (mg) 1/2 tablet to be taken daily. The medication administration records (MAR's) for 5/08, 6/08, 7/08, 8/08, 9/08 and 10/08 indicated Amlodipine 5 mg was administered daily. Severity: 2 Scope: 1	Y 878			
Y 890 SS=C	449.2744(1)(a)(1) Medication / Receipt Log NAC 449.2744	Y 890			

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Y 890	<p>Continued From page 12</p> <p>1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain a medication receipt log for 4 of 4 residents. (Resident #1, #2, #3 and #4)</p> <p>Findings include:</p> <p>Resident #1 was admitted on 8-8-08. There was no documented evidence of a medication receipt log.</p> <p>Resident #2 was admitted on 8-14-08. There was no documented evidence of a medication receipt log.</p> <p>Resident #3 was admitted on 1-7-07. There was no documented evidence of a medication receipt log.</p> <p>Resident #4 was admitted on 3-22-04. There was no documented evidence of a medication receipt log.</p> <p>Severity: 1 Scope: 3</p>	Y 890		
Y 930 SS=F	<p>449.2749(1)(a) Resident File</p> <p>NAC 449.2749</p>	Y 930		

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Y 930	Continued From page 13 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the files were protected against unauthorized use while being maintained in a locked, fire resistant manner for 4 of 4 residents. (Resident #1, #2, #3 and #4) Findings include: On 10/16/08 in the morning, Employee #2 walked into the living room and opened a black file cabinet to retrieve the resident records. The file cabinet was observed to be unlocked. Severity: 2 Scope: 3	Y 930		
Y 938 SS=E	449.2749(1)(g)(1) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 938		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 938	<p>Continued From page 14</p> <p>unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident.</p> <p>This Regulation is not met as evidenced by: Based on record, the facility failed to perform an annual evaluation on 2 of 4 residents for their abilities to perform the activities of daily living (ADL). (Resident #3 and #4)</p> <p>Findings include:</p> <p>Resident #3 was admitted on 1-7-07. The resident's file indicated the initial ADL assessment was completed 1-7-07. There was no other documentation of an annual ADL assessment.</p> <p>Resident #4 was admitted on 3-22-04. The resident's file indicated the initial ADL assessment was completed 6-15-04. There was no other documentation of an annual ADL assessment.</p> <p>Severity: 2 Scope: 2</p> <p>This is a repeat deficiency from the survey performed on 6-24-07.</p>	Y 938			

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Y 991 SS=F	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure all doors leading from the facility to the outside were equipped with audible alarms.</p> <p>Findings include:</p> <p>On 10/16/08, there was no audible alarm on the front door, the door leading from Hallway #1 to the west side yard, the door leading from the Garage to the west side yard, the door leading from Bedroom #3 to the east side yard, and the door leading from the Living Room to the back yard.</p> <p>Resident #4 was observed to be "missing" by the caregiver (leaving the room without the caregiver knowing where she had gone to) on 3 occasions from 9:15 am through 12:30 pm. On one of these missing occasions, Resident #4 was found by the caregiver in the back yard within approximately 3 minutes.</p> <p>Severity: 2 Scope: 3</p>	Y 991		
Y 992 SS=F	<p>449.2756(1)(c) Alzheimer's Fac awake staff</p>	Y 992		

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Y 992	Continued From page 16 NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to provide 24 hour awake staff at the facility at all times. Findings include: On 10/16/08, there was no documented evidence of a staffing schedule available indicating at least one staff to be present and awake at the facility on a 24 hour basis. On 10/16/08 in the morning, Employee #3 stated that she was the live-in caregiver at the facility. Employee #3 further stated that she slept on the overnight shift. Employee #2 verified that on Employee #3's day off, Employee #2 was the designated on-site relief caregiver, and that she also slept on the overnight shift. Severity: 2 Scope: 3	Y 992		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's	Y 999		

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Y 999	Continued From page 17 disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure toxic substances were not accessible. Findings include: On 10/16/08, toxic substances were stored in the following area: Under the kitchen sink, there were containers of Pine Cleaner, Ajax Cleanser, Air Freshener, WD-40, Rubbing Alcohol and Dish Detergent. The door to the cabinet was not locked. Severity: 2 Scope: 3	Y 999		
YA620 SS=D	449.2702(4)(a-d) Admission Policy NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. This Regulation is not met as evidenced by:	YA620		

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YA620	<p>Continued From page 18</p> <p>NAC 449.2702(6): As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.</p> <p>NAC 449.2702(7): As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.</p> <p>Based on observation, interview and record review, the facility failed to ensure 1 resident who was bedfast and required restraint was not admitted and retained (Resident #2).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 8/14/08.</p> <p>The History and Physical Examination dated 9/25/08 indicated diagnoses of Acute Psychosis, Alzheimer's Dementia, Hypertension, Osteoporosis, Status Post Right Wrist Fracture, and Organic Delusional Disorder.</p> <p>On 10/16/08 in the morning at approximately 9:30 am, Resident #2 was observed lying in bed on her back. Resident #2 did not demonstrate the ability to independently reposition. Resident #2 did not respond to direction from the caregiver's</p>	YA620		

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YA620	<p>Continued From page 19</p> <p>request to reposition.</p> <p>At 10:30 am, Resident #2 was on her right side with a pillow supporting her back side.</p> <p>At 11:30 am, Resident #2 was propped with several pillows supporting her in a slight upright position while being fed.</p> <p>On 10/16/08 Resident #2's bed, which was placed against the wall, was equipped with bilateral side rails.</p> <p>On 10/16/08, Employee #1 and #2 indicated Resident #2 did need assistance with repositioning, but was sometimes able to reposition by herself. Employee #1 and #2 further indicated there was no 24 hour awake staff, and that the caregiver on duty sleeps during the overnight shift.</p> <p>Severity: 2 Scope: 1</p>	YA620			

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